

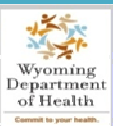
# **Planning Workbook**

## **for Individualized Plans of Care**



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**Developmental  
Disabilities  
Division**



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# PLANNING WORKBOOK

**T**he pages and exercises in this workbook will assist you in developing a person-centered support plan that best fits your needs and the lifestyle you want. As you go through this workbook, remember to ask your circle of support for help or advice. They can help you decide what you want and what you need. They can also help you decide what things in your life need to be added, changed, or left the same.

To develop your circle of support, you will need to:

- Identify family and community supports that will help you when you need it.
- Decide what you need and want from the people who support you.
- Identify positive and negative people, habits, and activities in your life.
- Develop a plan that you and your Circle of Support can use to make decisions, now and in the future.

As you work through these pages, we recommend you:

- Work directly on the blank pages provided in this workbook.
- Make more than one copy of a blank page if you need additional writing room.
- Use pictures, photographs, or other things that represent your ideas.
- Take your time. Person-centered planning is a process that works best if you don't try to do it all in one meeting. Try getting together with your Circle of Support several times for one or two hours at a time.

**One final note:** the questions listed under the Guidance sections of the workbook pages are only suggestions or questions to think about when completing that page. If you have other questions, feel free to include them. Please remember, everything in this workbook is a part of your planning process and will need to be submitted to your Case Manager when you meet to finalize your support plan.

This workbook is designed to help an individual and his/her circle of support to develop a person-centered and/or self-directed support plan to live the life he/she wants to live.

## GATHERING YOUR CIRCLE OF SUPPORT

### People are your best support!

People in your life can make it possible to do things that you might not be able to do by yourself. So when you are talking about your life, it is good to consider the people around you that are available to you for help or companionship. This includes family, friends, neighbors, and staff.

At the center of your life is YOU! Your circle of support should start with YOU and your hopes and dreams, and the lifestyle that *you* want. From there, **who else do you know that can be and wants to be involved in your life?**

**Close relationships**—These are people who are most important to you. They are people that you would deeply miss if they were not there. They might be your spouse, best friend, girl/boy friend, family members, etc.

**Friends**—These are people that you enjoy spending time with, but are not quite as close as the people in the first circle. These would be the people you just like to hang out with, go to movies with, ball games, or other leisure activities.

**Acquaintances**—These are people you have come to know through groups or places where you participate like church, work, volunteer activities, fitness club, school, social clubs, etc. You enjoy their company but you only see them when you are in the group where you participate together.

**People who are paid**—These are people who are paid for their involvement with you. It could be your teacher, case manager, support broker, therapist, staff members. You may have a good relationship with them, but there is a good chance that you would not see them if they were not being paid to offer a service to you.



In the diagram on the next page, write the names of people who are in your life on each of the circles that match their involvement with you.

## MY CIRCLE OF SUPPORT

Identify people from the smaller circle (those closest to you) to the larger circle (acquaintances and staff people.)

- ✓ **Close Relationships**
- ✓ **Friends**
- ✓ **Acquaintances**
- ✓ **Paid People**



## Who Do I Want to Help Me Develop My Plan?

### Guidance

Identify those people whom you believe are willing to listen to you and help you with planning your future. As you decide whom to include in your planning team, think about:

- Who listens when you talk about what is important to you.
- Who you trust.
- Who knows about your health and safety needs.
- Who asks you questions about your future plans.
- Who is likely to be willing to help you achieve your dreams.
- Who best understands what your life is like.

**Who will help me?**

**What services and/or goals will help you make it happen?**

# What Is Important To Me?

## Guidance

Identify those things that you find exciting, inspiring, or interesting. With your planning team, ask yourself:

- What things do I like to do?
- If I could live anywhere, where would it be?
- Do I want to be more active or do I want more time to relax?
- What things do I want to make sure are in my life every day?
- If I could change one thing in my life, what would it be?
- What activities or groups in my community interest me?
- Do I want to work or volunteer?
- Are there new things I want to learn or do?

**What is important to me?**

**What services and/or goals will help you make it happen?**

## Whom Do I Like To Spend Time With?

### Guidance

As you complete this page, think about what you can do to

- Improve or increase relationships you currently have with family and friends
- Encourage new friendships or contact friends you haven't seen for a long time.

Ask yourself:

- Who would be a good person to invite to dinner, see a movie, have coffee with?
- Who am I strongly connected with at work, school, church, club, etc.

**What services and/or goals will help you make it happen?**

## What do I like to do during the week?

### Guidance

What are your favorite things to do during the week? Who would you enjoy doing them with? What kinds of work, volunteer activities, or social activities would you like to do?

What are your least favorite things to do during the week?

**List preferred weekday activities.**

**What services and/or goals will help you make it happen?**



## What do I like to do on the weekend?

### Guidance

What are your favorite things to do on the weekend? Who would you enjoy doing them with? What kinds of work, volunteer, or social or other activities would you like to do on the weekends?

What are your least favorite things to do on the weekend?

**List preferred weekend activities.**

**What services and/or goals will help you make it happen?**

## What Help Do I Need at Home To Do Things I Want?

### Guidance

What help do you need at home to make sure things get done that are important to you and your wellbeing?

Think about things like personal care (bathing, dressing, eating) keeping your house clean, shopping, cooking, taking your medications, etc. What support do you need to do these things?

Think also about how many hours you need someone to be around to help you each day. What would you like to do to help with wellness/fitness activities?

### Morning

What services and/or goals will help you make it happen?

### Daytime

What services and/or goals will help you make it happen?

### Evening

What services and/or goals will help you make it happen?

### Night

What services and/or goals will help you make it happen?

## What Help Will I Need At Work?

### Guidance

This page can help you identify what kinds of support you might need to get or keep a job.  
(Leave blank if not applicable.)

- What work do you do now, or want to do?
- Do you want to work all day or part time?
- What skills will you need in order to do the job you want?
- Do you want to earn more money?
- Will you need someone to help you on the job for a period of time?

**List employment supports needed.**

**What services and/or goals will help you make it happen?**

## What Things Do I Want To Do In The Community?

### Guidance

This page provides you with the opportunity to identify ways you would like to interact with your community in order to have a full and satisfying life.

- Do you want to participate in social, religious, charitable, or political organizations?
- Do you want to become a member of a health club?
- Do you want to attend certain community events and attractions?
- Would you want to become more involved with your neighbors?
- Are you interested in Volunteer work?

**List preferred community activities.**

**What services and/or goals will help you make it happen?**

## What Help Do I Need To Go Where I Want To Go?

### Guidance

For each of the categories, identify what types of transportation you will use, or any plan you might have to be trained on using transportation services.

- What times of the day or night do you need transportation?
- Do you need special accommodations (i.e. wheelchair accessible van, aide)?
- Who will transport you?

### Work

What service and/or goals will help you make it happen?

### Clubs and Organizations

What service and/or goals will help you make it happen?

### Shopping and Errands

What service and/or goals will help you make it happen?

### Appointments

What service and/or goals will help you make it happen?

## How Do I Manage My Money And Pay My Bills?

### Guidance

This page can help you identify the supports you need to manage money and pay your bills.

- Do you need help balancing your checkbook or managing your budget?
- Do you need help going to the bank or handling financial transactions?
- Could you benefit from learning how to use a debit card or cash card?
- Do you need help with paying your bills on time?
- Do you need help while exchanging money things you want to buy?
- Do you need help to keep others from taking advantage of you financially?

**List ways I manage money and pay bills.**

**What services and/or goals will help you make it happen? What do you need to learn before you can use your money independently?**

## Where Do I Want To Live?

### Guidance

What kind of residence would you like to live in?

Your family home?

Your own home or apartment?

Another relative's home?

Do you want roommates? How many? What qualities should they have?

If you want to move out of where you live now, what will you need to do before you are able to move? (May not be applicable for children under 18)

**List preferred living arrangement.**

**What services and/or goals will help you make it happen?**

## **Is There Something I Do That Causes Me or Others to Feel Sad, Mad, Hurt, or Angry?**

### **Guidance**

Think about things you do that cause you to feel bad about yourself, or create problems for you when you are with other people. These things might include:

- Drinking too much alcohol
- Smoking cigarettes
- Yelling at others, calling people names, bullying others
- Using illegal drugs
- Physically hurting yourself or someone else

**List any items that make me or others feel sad, mad, hurt, or angry.**

**Is there something you think you might want to stop doing or do differently?**

**What services and/or goals will help you?**



# My Health and Safety Plan

## Guidance

Are there any health and/or safety issues that you want to make sure other people pay attention to? If so, describe what people need to know about you to keep you healthy and safe. Then write what actions they need to take based on what they know. What do others need to know to help keep me safe? What is the plan to keep me safe? Who will monitor the plan and how often? Who will be responsible for assuring providers are trained on the safety plan?

- Allergies
- Need for nursing oversight
- Medication administration assistance
- Concerns related to eating and drinking
- Concerns related to hurting yourself or others

See **Risk Identification Checklist** on the following page for assistance identifying health and safety concerns.

## At Home

What services and/or goals will help you?

## At Work

What services and/or goals will help you?

## In the community

What services and/or goals will help you?

## Risk Identification Checklist

### Identifying Risks

You may use this tool to facilitate open discussion, brainstorming, and planning in order to identify issues which pose a risk to you, record how the issue is thought or known to be of risk to you or others, and determine whether or not the issue of risk should be included on a safety plan.

**Below is a list of common risk factors.** This list is designed to encourage discussion about issues of risk, which may exist for you. There may be other possible risks not included on this list. Remember, discussing and identifying risks is a critical part of person centered planning. It is what allows you to live safely and successfully in your home or in the community.

#### RISK IDENTIFICATION CHECKLIST

Community Access	Property Destruction	Cardio/Respiratory
Eating	Home Maintenance	Falls
Ambulation	Use of Restraints	Victimization
Transfers	Psychotropic Medications	Sensory Concerns
Toileting	Criminal Behavior	Seizures
Communication	Sexual Risks	Conflict Resolution
Bathing	Anticonvulsant medications	Community Access
Self-abuse	Skin Breakdown	Injuries
Aggression	Bowel Obstruction	Aspiration
Elopement	Nutritional Needs	Financial Exploitation
Emergency Response	Diabetes	Intimidation
Abuse from others	Medication Non-compliance	

**What are the areas of risk?**

**How is this issue thought to be of particular risk to you?**

**Should a safety plan be included to address this risk?**

## My Support and Spending Information

The Adult DD Waiver, Child DD Waiver, and ABI Waiver provide both traditional services, some new services that are available for those who choose to self-direct. The following is a list of services that are available through the Waivers. Case management and in most cases Support Broker are required services for those self-directing. Please review the list of services below and determine which of the services could be used most effectively to meet your needs. Your support broker will have service definitions of each service listed, or you can find the service definitions on the DDD website listed on the cover of this workbook. Those services with asterisks (\*) can only be self-directed and are not available in traditional service plans. Any service listed below is available to you to support your needs, provided they are offered on your waiver.

### Services that can be self-directed

Unpaid Caregiver Training and Education\*  
Residential Habilitation Training  
Personal Care  
Respite  
Supported Employment  
Supported Living  
Independent Support Broker\*  
Children's Habilitation Services  
Cognitive Retraining Services  
Companion Services  
Individual Directed Goods and Services\*

### Services that cannot be self-directed

Case Management  
Day Habilitation  
Residential Habilitation  
Homemaker  
Occupational Therapy  
Physical Therapy  
Speech Therapy  
Skilled Nursing  
Dietician Services  
Environmental Modifications  
Specialized Equipment  
Agency With Choice

Your purpose now is to submit a support and spending plan which reflects your personal goals and needs, and assures that you are able to live safely and successfully in your home within your allocated budget. You will refer to this workbook, and the information you have provided, to create your support plan. Following are worksheets that will help you to determine the services you need and the cost of those services to you. As you look through pages 4 through 16, which of those services, supports or goods will best provide the supports you need to fulfill your goals for this year?

# Supports Worksheet

What services or goods were identified that will help you meet your goals?	How and why will this help me?	Who helps make this happen?	How often, how long, and how many?	Is this service Self-directed?

## Self-Directed Service Budget and Worksheet

If you have chosen to self-direct some or all of your services, **and** have chosen to hire your own staff and coordinate your payroll through the Fiscal Employer Agent, Public Partnerships LLC (PPL), then you may use the payroll table below to determine the rate you wish to pay your employee/staff persons. If you have chosen to self-direct some or all of your services, but have chosen to be a co-employer with an Agency with Choice, then rates are not negotiable and an Agency fee will be deducted from your individual budget.

The following table illustrates the approximate cost for you to hire an employee. The cost to you includes: employee wage + your employer taxes (Social Security, Medicare, Unemployment Insurance, and Workers' Compensation). The breakdown looks something like this:

FUTA	0.8%
FICA	7.65%
SUI	1.6%
WORKERS' COMP	<u>2.91%</u>
TOTAL TAX	12.96%

You are free to pay an employee any amount you desire as long as the wages are within the state's funding parameters and at least the federal minimum hourly wage. To calculate an employee's unit rate, you will need to multiply the unit rate by 1.1296 to figure in the rate with employer tax contributions. For example, the federal minimum hourly rate is \$7.25. You, as the employer would need to budget enough for the unit rate and the required employer taxes, which is \$8.19 per hour, ( $\$7.25 \times 1.1296 = \$8.19$ ). For example, if you need 3,000 units of Companion Services, and if the rate you wish to pay is \$3.31 per unit, you will budget \$3.73 per unit on your plan to allow for the employer tax contribution. PPL will withhold the required taxes from your employee's pay so you won't have to worry about any of that. For your convenience, please refer to the rate schedule developed by the Division for the minimum to maximum rate range for each service. You can find the schedule on the Division's web site.

Some services are available to be provided in groups. Any group service wage paid by a participant shall begin at minimum wage or higher, since each participant is their own employer or co-employer. The "Show me the money" chart has the wage ranges for group services outlined for easy reference.

## Determining Your Budget and Expenses

To begin with, you will need to know what your annual individualized budget is. Your case manager and/or support broker will have this information if you do not. For the amount of your budget that will be available for self-directing, you will need to deduct the cost of Case Management, Support Brokerage, and other services that are not available for self-direction, like Day Habilitation, therapies, skilled nursing, etc. The remaining balance is available to you for self-directed services.

You can use this worksheet to help determine your budget and expenses.

Your Waiver Individualized Budget Amount \$\_\_\_\_\_.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Service	Unit Rate	If self-directed, Cost to You (Rate X 1.1296)	Total # of Units	Total Cost of Service	Amount Remaining
Total Amount For Traditional Service Options:					
Total Amount for <u>Self-Directed</u> Service Options:					

## Take Action!

**Think!**

By now you have a good idea what should go in your services and support plan for this year. You have identified areas of need for yourself in order to continue to live in your family home or your own apartment. You have identified what services will best help you do that. You have identified how much of those services you need and the cost of those services to your individual budget.

**Plan!**

You are now ready to participate fully in your annual service and support plan meeting. Bring all this information with you when you meet with your case manager and circle of support to finalize your plan. Your case manager will submit this plan to the Developmental Disabilities Division for pre-approval.

**Do!**

Use the services and supports in your plan to do the things you need to do in order to accomplish your goals and enjoy your life the way you want! Continue to work with your case manager, support broker and team to build your circle of support and achieve the lifestyle you want to have.

Your Support Broker will assist you to interview and hire people to help you this plan year. Perhaps you already know who they are. Your support broker will assist you with completing the employee packet for Public Partnerships, LLC (PPL) for each employee that you will be hiring. This will need to be completed prior to beginning your services.

Have fun, and remember, your Support Broker or Case Manager can help you complete this workbook!

